

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

02/701289

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6	C	C	/	/			56						
7		/	/	/			57						
8	/		/				58						
9		/		/			59						
10		/		/			60						
11		/		2			61						
12		/		2			62						
13		/		2			63						
14		/		2			64						
15		/		2			65						
16		/		1			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25	/		/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35				2			85						
36				1			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		10				TOTAL IND.						
TOTAL DEP.	23		31				TOTAL DEP.						
TOTAL CLAIMS	33		41				TOTAL CLAIMS						